INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Not for submission under 37 CFR 1.99)

Application Number		10552819	
Filing Date		2005-10-11	
First Named Inventor	Bernhard GLEICH		
Art Unit		3737	
Examiner Name	Parikha Solanko MEHTA		
Attorney Docket Number		DE030113US1	

CERTIFICATION STATEMENT							
Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):							
	That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(1).						
OR							
	That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(2).						
	See attached certification statement.						
☐ The fee set forth in 37 CFR 1.17 (p) has been submitted herewith.							
	A certification statement is not submitted herewith.						
SIGNATURE A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.							
Sigi	nature	/Todd A. Holmbo/	Date (YYYY-MM-DD)	2011-01-27			
Name/Print		Todd A. Holmbo	Registration Number	42665			
This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 hour to complete including gathering, preparing and submitting the completed							

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